

State of Louisiana
Department of Revenue
Application for Direct Payment Sales Tax Account Number
in Accord with R.S. 47:303.1

1. Owner Name: _____

2. Trade Name: _____

3. Mailing Address: _____

4. Location Address: _____

5. Louisiana Sales Tax Registration Number : _____

6. Check one:

☐ Manufacturing facility

☐ Private, non-profit, tax exempt org. under 501(3)(c) of the IRC

7. List below the total taxable purchases or leases of tangible personal property and purchases of taxable services for the three most recent calendar years:

\$ _____ \$ _____ \$ _____
20____ 20____ 20____

8. If a manufacturing facility, list the major types of goods manufactured: _____

9. Are these goods resold? _____ (yes/no) If no, please explain. _____

(Signature)

(Title)

Mail to: Department of Revenue
Taxpayer Services Division
Sales Tax Section
P.O. Box 201
Baton Rouge, La. 70821